

**EXHIBIT 5-b to PLAINTIFFS'
APPENDIX OF EXPERT REPORTS**

From: [2804 Discovery, MDL](#)
To: [MDL 2804](#)
Subject: FW: CT2 Plts' Supplements - Alexander, Barrett, Keyes, McGuire
Date: Wednesday, August 12, 2020 10:06:53 PM
Attachments: [McGuire, Thomas MDL CT2 interview notes.pdf](#)
[Keyes, Katherine MDL CT2.pdf](#)
[Alexander, Caleb MDL CT2 report notes.pdf](#)
[Barrett, George MDL CT2 call notes.pdf](#)

From: Christenson, Monique <mchristenson@motleyrice.com>
Sent: Thursday, August 13, 2020 2:01:03 AM
To: CT2 Defs (Track2OpioidDefendants@reedsmit.com)
<Track2OpioidDefendants@reedsmit.com>; 2804 Discovery, MDL
<mdl2804discovery@motleyrice.com>
Cc: Farrell, Paul <paul@farrell.law>; Kearse, Anne <akearse@motleyrice.com>
Subject: CT2 Plts' Supplements - Alexander, Barrett, Keyes, McGuire

Good Evening,

In response to Defendants' requests for supplemental materials related to Plaintiffs' expert reports, attached please find interview notes of Dr. Alexander, Mr. Barrett, and Dr. McGuire, as well as the requested information regarding Dr. Keyes' sources. Plaintiffs anticipate responding to the remaining requests very soon, including the request related to Dr. Keyes' calculation.

Best Regards,

Monique

Monique Christenson | Attorney at Law | Motley Rice LLC
28 Bridgeside Blvd. | Mt. Pleasant, SC 29464
o. 843.216.9366 | f. 843.216.9450 | mchristenson@motleyrice.com

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Cabell County Schools

1. How has the epidemic impacted the school system?
2. What measures has the school system undertaken to address these?
3. What have been the greatest costs?
4. **Amy Quezon and Tim Hardest and Kelly Watts (Assistant Superintendent)**

10 million pills/year over a decade created an epidemic, which manifests itself in several different ways

Big flood in Huntington, water up to five feet, receding of the flood took a decade to clean up, showed the damage and devastation, and then built a wall to prevent it from happening again

We have to clean up the mess, and one of them is the “tail of the epidemic”, what happens with the children

Grandparents raising grandchildren, children exposed to opioids have substantial behavioral problems, distinct from ADD



Lots of personnel

- Added 8 social workers, 14 counselors, 8 school nurses, 2 high school recovery teachers, drop-out prevention employee, one extra assistant principal – within the last five years
- Lost about 1200 students over five or six years, due to economic climate in the area, as well as some of the issues with families in the area – also have a large number of transient students in the county
- State code is very prescriptive in terms of number of teachers per students; wrap-around services are beyond that
- Also had to increase our mentors, special education aids
- It is not just behavior, although that is the largest disruption – we typically have a substitute aid sit in the classroom, see what we can do for an intervention – they are often in the classroom for 20-30 days working with one particular student
- Someone is working with grandparents who are raising their kids
- Teachers weren't trained to handle these behaviors, social workers and psychologists
- Added the Healthy Brain Families Program

- Need to provide positive behavior supports to schools, many families frequently moving schools within the county, or across counties, presenting obstacles for planning for proper training
- Number of functional behavioral assessments – often families may be getting outside evaluations – we have to fill in missing gaps, grandparents see those reports as vehicle to getting an IP or additional services – also have to monitor side effects of medications, so teachers have to sit down with nurses to discuss this – all of these steps are time intensive
- Turnover (churn) may be as high as 20-25% within a specific school
- Classroom of 28, only 16 remained consistently throughout the year, 21 students came in and out during the year
- Foster children – often only temporarily in the school system
- Huntington High has the lowest graduation rate of any school in the state – improved by 7% this year, but a constant battle – attendance in city schools is a challenge, more so than in rural settings
- Social workers and extra counselors was number one need based on survey conducted in school
- Compassion fatigue with teachers and aids is also a real phenomenon
- Unless children placed in birth to 3 program or pre-K program, students have to be placed in least restrictive educational environment, given an opportunity to be successful, there is lots of class time and lots of trial and error with figuring out who requires a more restrictive environment
- We DO have a lot of parents who end up being arrested or incarcerated, and those children end up going with a grandparent or relative
- DHHR –
- School district has worked with Marshall Health
- Building a new elementary school in downtown Huntington, some of the schools were built in the 1930's – trying to live within means to be budget neutral, also set aside resources for capital expenditures – these funds haven't come out of operating budget – budget for teachers and staff is over \$100M/year
- Outside of state aid funding - county residents have approved an excess levy (tax) to help support the costs of these personnel – the school district is well above the number of personnel that are funded through state aid
- Number of children entering school system with history of NAS over 400 (██████████)
██████████)
- Half of children in public school system being raised by someone other than a parent
(██████████)
- 30-50%
- Early intervention/screening for young children
 - Early intervention – there are assessments for birth to 3 referrals
 - There is also an early learning reporting system, which begins as early as pre-K, these are referral based

- Child Outcome Survey (COSIT) – they compare the performance of a specific child with where they would be expected to be, both compared to peers as well as compared to their own prior performance
 - Community agencies (day care, child care programs) are able to reach out to the school, to recommend that a child be screened
- Effort to concentrate on prevention and identification – school contracts with Valley Health and Prosera Counseling Services, started a “too good for drugs” program – once identified, they try to link with county agency that they contract with to get student assistance
- Also have “DIVERSIFY” with behavioral specialist, they are also contracted to go into the home – the contractor may go on doctor’s appointment with the family, will try to get releases signed by therapist if the child has one
- Risk or threat assessments can be performed as needed for middle school or high school children, if child is in court system may reach out to case worker, or parent may ask for such testing and can be given resources
- Middle school – positive behavior support – used in all four middle schools, not focused on OUD or opioids per se
- There is a local behavioral center (Oasis Behavioral Services) and the school contracts with them, several students over the past few years have been sent there for screening, although increasing social worker capacity within the school also is able to provide similar services
- Court system is supportive of families
- But problem is that all of the systems are backed up because of the number of referrals, the systems are full, there are waits and queues, beds are full
- This is not just a poverty issue – we have employees that have kids that have overdosed and died – and now THEY are raising their children
- 1700 total employees in the county, over 800 are professional staff members, we have had some that have had losses in the family from the epidemic (children, relatives, etc) or who have OUD – I don’t know that there is an employee in the school system that hasn’t been impacted by the epidemic – compassion fatigue is real, 2 or 3 of 25 kindergarteners who are constant behavioral challenges – highly disruptive and wearing
- Two suicides in last two years, many attempted suicides, suicide risk assessments done nearly daily
- Home visits used to be performed routinely, but now with COVID no longer
- Had to train custodians and principals how to dispose of needles on the playground, there are children that pick up needles on the way to school
- Have to ensure that parents picking up children are not under the influence
- Epidemic
 - Containment
 - Mitigation
 - Cleaning up
- We need to educate that pill bottles are as dangerous as a crack pipe
- Drug prevention programs

- Children are facing a complex set of traumas and challenges – programs that promote family cohesion and reduce family conflict are most likely to succeed – need to be broader than just drug use prevention
- Social workers are strained – and they are also not year round employees
- A social worker is assigned to manage case services for children who are homeless – 451 were homeless at the beginning of the school, out of 12,500 – children identified as homeless if living in a shelter, or two families under one household, or if a child is own their own (couch surfers)
- There are MANY more children who are transient

CALL WITH DR. KILKENNY (CABELL COUNTY)

- Dr. Kilkenny involved in resiliency plan and statewide abatement
- Kerry Keyes – Epidemiology
- Tom McGuire, affiliation with Greylock McKinnen, Adrian Garcia, economist [REDACTED]
- City of Solutions, Resiliency Plan
- George Barrett, economist, WV-based [REDACTED]
- George Kilkenny - Physician director of Cabell/Huntingdon Health Department, combined county/municipal department, in the position since 2015, 2019 outbreak of HIV among individuals using IVDU, this year COVID 24/7
- How is the pandemic effecting the opioid epidemic on the ground?
 - COVID response has had a pretty remarkable impact on injection drug users, harm reduction attendance, so far no problem getting sterile syringes out but hasn't looked at data over past two weeks; immensely impacted linkage to care for HIV+ individuals, these are very much informal, light touch, drop-in centers, while key personnel are working from home; trying to build up telehealth network but deeply concerned that we will lose control of HIV spread
 - Most recent count is 85 cases, 98% injection drug use related, last measured viral suppression rate was about 42%; there IS significant amount of state surveillance about the outbreak
- [REDACTED]
- "Polysubstance use" generally includes an opioid; injection drug use in Cabell/Huntingdon is almost always illicit opioids
- What percent of syringe exchange clients are county residents vs. people from other areas? 2015 about 70% were Cabell residents; after implementation of county residency requirements in 2018, we are virtually 100% county residents
- Dr. Kilkenny – employment rate among harm reduction users may be higher than one might think; impression that more people may be working than what Dr. Allen found
- Tracking of children born with NAS? Health Department doesn't follow these individuals over time. Publications from as far back as 2009, Sean Loudin at Marshall University – he is an expert in the case

- Statewide evidence on NAS being collected by the state, someone in Bureau for Public Health, would be contained within the “birth score” which is a scoring document that has been in place for decades, extends beyond Apgar, includes social determinants of risk, information about prenatal drug exposure or some other dimension may have been added to this
-

George Barrett Notes from call with Huntington Police Department

Drug take back program

Huntington Patrol — Detective
Cabell Patrol

Bloomberg Grant for Compassion Fatigue
Compass program

Amy Becker → Program Manager

Sharon Peltz -

Amy Hershaw

Cathy Berns

Dan Underwood
HPD Administrative Commander

→ HPD says they need to
attract more officers

→ HPD DRE training for
Police officers to be
determining if there is a
drug impaired drivers

Figure 3

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Figure 5

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Figure 6

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Figure 7

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Figure 8

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Figure 9

Exhibit to the report of Gordon Smith, MD

Figure 10

County data: Calculated using the ratio of Cabell County NAS rate (from the 2017 WV Department of Health report) and state NAS rates from HCUP.

State data 2006-2007: https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm#T1_down
(data from SID, HCUP)

State data 2008-2017: <https://www.hcup-us.ahrq.gov/faststats/NASServlet?setting1=IP>

National data: <https://www.hcup-us.ahrq.gov/faststats/NASServlet?setting1=IP>

Figure 12

HCUP: <https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?radio-3=on&location1=WV&characteristic1=01&setting1=IP&location2=&characteristic2=01&setting2=IP&expansionsInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide>

Figure 13

Calculated using drug overdose death rate among individuals with OUD based on meta-analysis: Larney et al. 2019, as well as data from Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>.

Adjustments for synthetic opioid overdose death rate drawn from the existing literature:

Centers for Disease Control and Prevention. Synthetic opioid overdose data. 2019.

<https://www.cdc.gov/drugoverdose/data/fentanyl.html>.

Dowell D, Noonan RK, Houry D. Underlying factors in drug overdose deaths. *JAMA*. 2017;318(23):2295-2296. doi:10.1001/jama.2017.15971

Figure 14

Calculated using the annual ratio of POU to OUD to row 1, derived from rates of prescription opioid use disorder and heroin use disorder for West Virginia (NSDUH RDAS), the 10.4% overlap of HUD and POU (NSDUH RDAS), and the population of Cabell county (CDC Wonder).

<https://rdas.samhsa.gov/#/>

<https://wonder.cdc.gov/mcd-icd10.html>

Figure 16

Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Table 1

Derived from 2017 WV Department of Health report and West Virginia NAS rate from HCUP data (see Figure 10)

Table 2

Calculated using drug overdose death rate among individuals with OUD based on meta-analysis: Larney et al. 2019, as well as data from Multiple Cause of Death file: <https://wonder.cdc.gov/mcd-icd10.html>

Adjustments for synthetic opioid overdose death rate drawn from the existing literature:

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Tom Huntington notes

March 4, 2020

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Scott Lemley: Current city planning, had worked with pd and mayor on opioid problems

Has access to overdose data

Maintained a “secret list” of ODs and deaths

Maltreatment cases is a state function

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Appal-ah-cha

Lilly's place takes care of NAS babies.

Mayor Steve Williams

Just when we think we are getting a handle on it, something else pops up

First responders, compassion fatigue, grant from Bloomberg ([REDACTED]),
including suicides

Losing our neighborhoods

Had the “river-to-jail” program, if you cross the river into Huntington you would be arrested.
Arrested 200 people. But “they just kept coming...” Realized that they could not arrest their way out of
the problem.

[REDACTED]

Chief Jan Rader

ODs picked up understates the total, add 20% to ems to capture victims dropped off at ER by a
private vehicle.

I cannot describe the collateral damage. Suicides. [REDACTED]

Rocky Johnson, former captain, ran drug unit with 8 full time officers

Todd Davies, Data guru at Marshall

Started building data systems from multiple communities.

Doing some followup of NAS

Lyn O'Connell director of addiction services, Marshall

Various programs for moms families, including residential, grant (ie externally) funded?

Dr. Chaffin

NAS may be due to interaction with other drugs, so not 100% attributable to opioids. Gave
example of someone taking opioids appropriately but also smoking and also on ssri. Baby may end up
with NAS.

Septic endocarditis (tracked at the state level) which are costs uniquely attributable to opioids.

Dr. Hansen Primary care moms and babies

Locals are hard-working people, are going to have pain and should be legitimately treated.

Worked in nicu. "these are not normal kids" adhd autism, difficult to handle in school, may be vulnerable to substance abuse later on.